

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	F-F		05-08-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MFB	954	6/28/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	1/1/01
2	1/3/01
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	0
10	0
11	0
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
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21	✓
22	✓ VV
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy